Research Article

SELF MEDICATION AMONGST GENERAL OUTPATIENTS IN A NIGERIAN COMMUNITY HOSPITAL

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ABSTRACT

Aim: This study was designed to determine the proportion of general out patients who practice self medication, the drugs employed and the reasons for resorting to self medication.

Methodology: This study was conducted between June and December, 2007 at the General Outpatient Clinic of the Federal Medical Centre, Owo, Ondo State, Nigeria. Two hundred consenting respondents were selected by simple random sampling and interviewed with the aid of semi structured questionnaire by the authors with three assistants. Information regarding their bio-data, history of self medication, drugs used and the reasons for resorting to self medication were obtained.

Results: Majority of the respondents (85%) admitted to self medication while the remaining proportion (15%) did not practice it. Drugs utilized could be single, usually analgesics (26.5%) and anti-malaria (15.9%) or in combinations, usually antimalaria-analgesics (22.4%), antimalaria-analgesic-antibiotic (15.3%) and antibiotic-analgesic (10.0%). The reasons cited by respondents for self medication were their perception of their complaints been minor enough to be amenable to self medication (54.7%) and financial constraint (22.4%).

Conclusion: Majority of the respondents practiced self medication using an array of drugs like analgesics, anti-malaria and antibiotics used either singly or in combination. The main reasons identified for self medication were that the ailments were minor and financial constraint.

Key words: Self medication, drug misuse, Nigeria.

INTRODUCTION

In most societies a person suffering from physical discomfort or emotional distress has a number of ways of helping himself or seeking help from other people.[1] In remote and impoverished areas, western health care is often part of pluralistic medical system in which it coexists with traditional medicine that includes both self care with medicinal plants and consultation with specialized traditional healers.[2]

Self medication can be defined as the use of drugs to treat self diagnosed disorders or symptoms or the intermittent or continued use of prescribed drug for chronic or recurrent disease or symptoms.[3] In developing countries most illness are treated by self medication.[4] A major shortfall of self medication is the lack of clinical evaluation of the condition by a trained medical professional which could result in missed diagnosis and delay in appropriate treatment. [5]

A major problem of self medication with antimicrobials is the emergence of resistance of human pathogens. Antimicrobial resistance is a current problem world-wide particularly in developing countries, where antibiotics are often available without prescription. [6] Resistance to anti malarial drugs has also been reported in many third world countries. [7] Reasons for this resistance include the irrational use of anti malarias including indiscriminate non-prescription use. [8] The adverse effects of self medication cannot be over-emphasized. However some people may engage in the practice of self medication due to ignorance, poverty and in availability of health facilities.

It is widely believed that human malpractices such as inadequate dosing, incomplete courses and indiscriminate drug use have contributed to the emergence and spread of antimicrobial resistance. [9] The consequence of this, is the loss of relatively cheap drugs that will require new drugs development which will be more expensive and will further disadvantage patients in developing countries. [10] The rational use of drugs like antibiotics is thus of utmost importance to limit the increase in bacteria resistance.

The underlying motivation for this study is the prevailing health issues associated with inappropriate use of drugs, which is increasingly becoming a challenge in our environment. This study was designed to determine the proportion of general outpatients who

self medicate, types of drugs used and the reasons for resorting to self medication.
It is hoped that our findings will guide us in evolving strategies to reduce self medication to it's barest minimum.

METHODOLOGY

This study was conducted between June and December, 2007 at the general outpatient department of Federal Medical Centre, Owo, Ondo State, Nigeria. Ethical clearance was obtained from the Ethical committee of the hospital prior to carrying out this study. Two hundred patients were selected by simple random sampling and interviewed. Informed consent was obtained from each of the two hundred respondents. Semi structured questionnaire were administered on the respondents by the authors with three trained assistants at the outpatient department. The information obtained included bio- data of the respondents, history of self medication, type of drugs employed and the reasons for resorting to self medication. The data obtained with the aid of the study instrument (questionnaire) was collated and analyzed using SPSS 12.0.1 statistical software package. Results were presented using frequency tables.

RESULTS

There were two hundred respondents, aged between 16-85 years. There were 81 males (40.5%) and 119 females (59.5%). One hundred and thirty (65%) were married while sixty (30%) were single and ten (5%) were widowed. One hundred and seventy (85%) were Christians and thirty (15%) were Muslims. Seventy eight (39%) of the respondents had tertiary education, fifty six (28%) had secondary education, thirty eight (19%) had primary education while twenty eight (14%) had no formal education .As shown in table 1, majority of the respondents:75(37.5%) were traders while few:28(14%) were farmers.
Prevalence of self medication: Majority of the respondents: 170(85%) admitted to self medication while the remaining proportion 30(15%) did not practice self medication.
Types of drugs used: The respondents used an array of drugs either singly or in combination. As shown in table 2, of all the drugs used singly, the majority 26.5% (n=45) used analgesics followed by antimalarias 15.9% (n=27) and antibiotics 2.9% (n=5), while for drug combinations, 22.4% (n=38) used analgesics-antimalaria, 15.3% (n=26) used analgesic-antimalaria-antibiotic, and 10.0% (n=17) used analgesic-antibiotics combination without a doctor's prescription.
Reason for self medication: Of the 170 respondents who gave response to this enquiry, 93(54.7%) attributed the reason for self medication to their perception that their complaint is minor enough for self care. The other reasons cited as detailed in table 3 were financial constraint(22.4%), services not readily available(9.4%), certainty of efficacy of self medication(10%),lack of escort(2.9%) and ignorance(0.6%).

DISCUSSION

Our respondents were predominantly Christians; this is in keeping with the predominant religion in the community. However, it is surprising that in spite of their high level of education, most of them still engaged in self medication.

The proportion of the respondents who had practiced self medication is very high. This is indeed alarming in view of the possible hazards associated with such practice. Our findings is consistent with the findings of two studies in Sudan, in which 81.8% [11] and 73.9% [10] of the respondents had practiced self medication in one study [11] and 73.9% in another study [10] had used antibiotics or anti malarial drugs without doctors prescription or medical advice. A study carried out in Kuwait established the prevalence of self medication amongst high school students as 92%. [12] Another study carried out in Hong Kong established prevalence rate of self medication amongst secondary school pupils as 72.1% [13]

Onajole et al established in Lagos that 71% of the respondents admitted to drug misuse. [14] Our finding is however at variance with that of an Ethiopian study in which 27.5% of the respondents admitted to self medication. [15]

The types of drugs used varied depending on the respondents' perception of efficacy of a drug for their medical condition. It is understandable that a significant proportion of the respondents used analgesics either alone or in combination with other drugs without prescription as common analgesics can be bought without prescription in the community. It is not surprising that others used antimalaria in combination with analgesics as this disease is endemic in the study community as indeed the tropics. Most respondents attributed the reason for self medication to the fact they felt that their complaints were minor enough for such self care. This is a dangerous assumption as minor ailments that could easily have been managed by a physician could easily be mismanaged through self medication. This unsavory practice could lead to development of antimicrobial resistance when antibiotics are the agents utilized. Only few of the respondents attributed the reason for self medication to financial constraint. This finding is at variance with that of Awad and co workers in Sudan where the main reason for self medication was financial constraint. It is surprising that few respondents attributed the reason for using orthodox drugs without prescription to the fact that orthodox care was not readily available as the community has a Federal Medical Centre, General hospital, Mission hospital and many private hospitals .The government will assist a lot in this regard by making the presence of health facilities felt so as to increase their patronage. It is expected that if patients enjoy qualitative health care, they are likely to come back for treatment and also encourage others to access the health facility.

CONCLUSION

Majority of the respondents practiced self medication using an array of drugs like analgesics, antimalaria and antibiotics used either alone or in combination.

The main reasons identified for self medication were their assessment of their ailment as been minor and financial constraint.

Adequate health education to stop this unsavory practice needs to be mounted while efforts should be made to make qualitative health care readily available.

RECOMMENDATIONS

1) Health care providers should educate patients on the dangers of self medication. Such messages should be extended to the community at large periodically by government health ministries.
2) Government should enforce relevant legislation which limits the sales of drugs without prescription to only few relatively harmless over the counter ones.
3) There is need to create awareness about existing health facilities so that patients will know where to go when the need arises thereby minimizing the potential resort to self medication.

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Occupation	Frequency	Percentage (%)
Trading	75	37.5
Schooling	30	15.0
Farming	28	14.0
Civil Service	25	12.5
Teaching	16	8.0
Unemployed	9	4.5
Artisan	7	3.5
Pensioner	6	3.0
Clergy	4	2.0
Total	200	100

Table 1: Occupation of the Respondents

Type of drug	Frequency	Percentage (%)
Analgesic	45	26.5
Antimalaria and Analgesic	38	22.4
Antimalaria	27	15.9
Antimalaria, Analgesic and Antibiotic	26	15.3
Antibiotic and Analgesic	17	10.0
Antimalaria and Antibiotics	10	5.9
Antibiotics	5	2.9
Antihypertensive	1	0.6
Hypoglycemic	1	0.6
Total	170	100

Table 2: Types of drugs used by respondents without prescription.

Reason	Frequency	Percentage (%)
Minor ailment	93	54.7
Financial constraint	38	22.4
Know what to do	17	10.0
Services not available	16	9.4
Lack of escort	5	2.9
Ignorance	1	0.6
Total	170	100

Table 3: Reasons for Self medication.